MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/091072   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			I			
2				I		
3				I		
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TOTAL IND.		↓		I ↓		↓
TOTAL DEP.		↓		4 ↓		↓
TOTAL CLAIMS				5		

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		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓		↓
TOTAL DEP.			↓		↓		↓
TOTAL CLAIMS							